

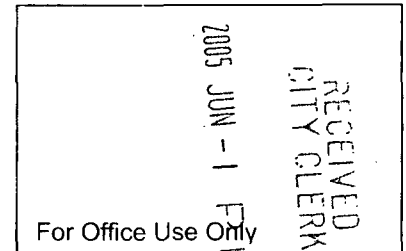
**CAMPAIGN CONTRIBUTIONS
AND EXPENSES REPORT**

City of Las Vegas/State of Nevada

Name (print) Marilyn Rogoff Office (if applicable) City Council - Ward 6 District (if applicable) 84114
Mailing Address (include city and zip code) PO Box 14366, Las Vegas NV 89114 Telephone No. 702-205-0705
E-Mail Address _____

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

- ☐ **Report #1 — Due March 29, 2005**
Period: Jan. 1, 2005 — Mar. 24, 2005
- ☐ **Report #2 — Due May 31, 2005**
Period: Mar. 25, 2005 — May 26, 2005
- ☒ **Report #3 Due — July 15, 2005**
Period: May 27, 2005 — June 30, 2005



CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

0 10,782.24

- Total Amount of Monetary Contributions Received**
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

0 10,782.24

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid**
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

0 10,497.27
0 284.97

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

Report Period # 3

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

[illegible]

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CAMPAIGN EXPENSES

Report Period # 3

Name (print) Marlene Bogoff Office (if applicable) City Council - Council 6 District (if applicable) 6

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
			

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